MAXIMUS Federal Services

Case Number:	CM15-0122649		
Date Assigned:	07/06/2015	Date of Injury:	01/24/2015
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old male who sustained an industrial injury on 1/24/2015. He reported feeling a pop in his left knee while descending steps. He had a history of knee surgeries approximately 32 years prior (repair of medial collateral ligament) and again in 2005. The injured worker was diagnosed with medical and lateral meniscus tears and chondromalacia. He is presently status post partial medial and lateral meniscectomy, resection of multiple loose body fragments and chondroplasty on 2/24/2015. Treatment to date has included surgery, diagnostics (Xray and MRI Lt Knee), medications, immobilizer and physical therapy. Per the most recent orthopaedic report (4/02/2015), the injured worker complains of feeling fullness in the back of his knee, some stiffness after sitting for some time and had not started post surgical physical therapy yet. Exam revealed some popping underneath his kneecap. He still had some swelling of the knee but his incision was well healed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Orthovisc/Viscous Supplementation injections, left knee (3 injections): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) web version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-9, 346-7. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons Clinical Practice Guideline: Treatment of Osteoarthritis of the Knee, 2nd edition, pg 9-10.

Decision rationale: Orthovisc is a highly purified form of hyaluronic acid (HA) used for viscosupplementation of joints. Viscosupplementation is a procedure is which hyaluronic acid is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in synovial (joint) fluid. The concept for its use is that since in acts as a lubricant for the knee joint, injecting more of into the joint should enable smoother motion of the joint and improve the shock absorber effect for joint loads thus decreasing the patient's pain. However, the American Academy of Orthopedic Surgeons reviewed the literature on this procedure and noted no statistically significant improvement with this therapy. They gave a strong recommendation against using hyaluronic acid for patients with symptomatic osteoarthritis of the knee. As there is inadequate scientific evidence or clinical practice guideline support for this procedure, medical necessity to use viscosupplementation has not been established.